## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P99000032454 FLORIDA TREE EXPRESS, INC. 04-19-2001 90001 024 \*\*\*150.00 Principal Place of Business Mailing Address 306 SEMINOLE STREET PO BOX 720595 ORLANDO FL 32822 ORLANDO FL 32872-0595 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3554453 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GENTILE, MIKE Street Address (P.O. Box Number is Not Acceptable) 3703 PEACE PIPE DRIVE ORLANDO FL 32829 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete Change ■ Addition GENTILE, MICHAEL J NAME NAME 3703 PEACE PIPE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32829 CITY-ST-ZIP CITY-ST-ZIP VSD Delete ☐ Change Addition TITLE TITLE GENTILE, MATTHEW C NAME NAME 7606 DAETWYLER DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32812 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GENTILE, STEPHEN A NAME NAME 7606 DAETWYLER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachme

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

GENTILE V.P. 4/14

☐ Change

☐ Addition